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 ** CONTINUING DATA ***** *None KZP*

 ** FOREIGN APPLICATIONS ***** *yes KZP*

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IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged <i>KZP</i> Examiner's Signature	JAPAN	7	8	4

ADDRESS

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TITLE

Mask pattern correction method, mask pattern creation system using the correction method, and computer-readable recording medium

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees
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